Ethical and legal aspects of nutrition and hydration

There is increasing realisation that malnutrition is a complication of many illnesses, as well as a consequence of inadequate food intake. The report summarised below, provides recommendations and principles to guide health professionals facing dilemmas concerning patients’ nutrition and hydration.

The caring professions have an ethical duty to recognise and treat malnutrition, usually by attention to drinking and eating. Only in certain circumstances, when such care prolongs the period of dying or maintains an unacceptable quality of life, should positive nutritional treatment be reconsidered or possibly withdrawn. It is likely that patients and their families will expect good nutritional care as part of their treatment, but also likely that they will reject hydration or nutrition via a tube when it impairs the comfort or dignity of dying people.

ETHICAL AND LEGAL PRINCIPLES

The most frequent ethical debate about the need for food and fluid concerns the prolongation of life, where the difficulty is to define life, and to recognise when death is occurring. Some medical treatments, including tube feeding or hydration, may be indicated when the appropriate therapeutic goal is to prolong life, but not when the effect is to prolong the period of dying.

THE ROLE OF HEALTH CARE WORKERS IN CLINICAL DECISIONS

Nurses are responsible for basic care, including attention to drinking and eating as well as technical procedures. A competent adult has the right to refuse treatment, but competence is usually a continuum, with patients able to make choices on some matters but not others. Some patients do not wish to exercise their right of choice, but it does imply that patients will accept the recommended treatment.

For an incompetent adult, the treating doctor makes the final decision about whether treatment is given. He or she must decide in the patient’s best interest. In general, a professional is not obliged to give a treatment which is ineffective or contrary to his or her professional judgement and duty.

ETHICAL PRINCIPLES AND CLINICAL NUTRITION

Some patients do not swallow enough liquid to preserve normal hydration, despite every assistance to do so. Giving fluid other than by mouth is an individual indication and depends on the patient’s symptoms and the feelings of carers and relatives. Once started, planned withdrawal of an enteral feeding tube, other than for clinical improvement, becomes an emotive issue.

All patients who can swallow, and in whom there is no contraindication, should be encouraged and assisted throughout life to take nourishment in the most appropriate form; failure to do so, even for beneficent motives, can be criticised. In extreme cases, professional carers are liable to be regarded as negligent if they do not take steps to remedy severe malnutrition.

CONCLUSION AND RECOMMENDATIONS

The report makes the following recommendations:

☐ Nursing care entails the duty of provision of adequate and appropriate fluid and nutrients.
☐ As long as a patient can swallow, fluid and nutrients should be encouraged.
☐ If the treatment plan is to maintain an adequate intake, the ethical duty is to provide, with the patient’s consent, measures to achieve this aim.
☐ If the plan is to provide compassionate care for relief of symptoms, ethical considerations indicate that oral fluid and food should be given according to the patient’s wishes or ability to swallow.
☐ Fluid given via a tube is regarded in law as a medical treatment and some professionals regard tube feeding as part of basic care.
☐ Consent of a competent adult patient must be sought for any treatment, especially an invasive measure such as hydration or feeding by a tube; refusal is binding. It is ethically and legally wrong for a carer to estimate the patient’s capacity in order to achieve the carer’s objective.
☐ Application to the court must be made regarding the legality of withdrawing artificial hydration and nutrition from a patient in a vegetative state.

Based on a report for the British Association for Parenteral and Enteral Nutrition by JE Lennard-Jones.